

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

DONALD C. GOINS, ESQ. (DCG1005)
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Attorney for the Debtor

In Re:
Peter P. Luna,

Case No.: 21-18799
Chapter: 13
Judge: VFP

NOTICE OF REQUEST FOR LOSS MITIGATION – BY THE DEBTOR

I am/ We are the debtor(s) in this case and hereby request loss mitigation with respect to:

Property address:

17 Country Club Lane, Elizabeth NJ 07208

Creditor is the holder of: ☒ first mortgage ☐ second mortgage ☐ third mortgage.

I/We will make adequate protection payments to the above creditor each month in the following amount during the loss mitigation period: See Loss Mitigation Program and Procedures, Section VII.B.

Creditor Select Portfolio Servicing Amount: \$ 2,373.65 Due date: 3 / 1 / 2023

☐ I/We request to be excused from using the Loss Mitigation Portal due to undue hardship as set forth in detail below:

I understand that if the court orders loss mitigation in this case I am required to comply with the Loss Mitigation Program and Procedures and will participate in good faith. I understand that Loss Mitigation is voluntary, and that I am not required to enter into any agreement or settlement with any other party as part of this Loss Mitigation, and understand that no other party is required to enter into any agreement or settlement with me. I also understand **that I am not required to request dismissal of this case** as part of any resolution or settlement that is offered or agreed to during the Loss Mitigation Period.

I also certify that the property in question consists only of real property in which I hold a titled interest.

Date: February 28, 2023

/s/ Peter P. Luna
Debtor

Date: _____

Joint Debtor (if any)

Debtor Information:

Print full name: Peter P. Luna

Mailing address: 17 Country Club Lane, Elizabeth NJ 07208

Telephone number: _____

Email address (if any): _____

Debtor's Attorney Information:

Name: Donald C. Goins, Esq.

Address: 323 Washington Avenue, Elizabeth NJ 07208

Telephone number: 908-351-1984 Fax number: 908-351-1982

Email address (if any): dcgoins1@gmail.com

Creditor Information: (if known)

Name: Select Portfolio Servicing

Address: PO Box 65450, Salt Lake City, UT 84165

Telephone number: 1-800-258-8602 Fax number: _____

Email address (if any): _____

Creditor's Attorney Information: (if known)

Name: Denise Carlon Esq. of KML Law Group PC

Address: 701 Market Street, Suite 5000, Philadelphia PA 19106

Telephone number: 215-627-1322 Fax number: 201-549-2377

Email address (if any): dcarlon@kmlawgroup.com

Under Section V. of the *Loss Mitigation Program and Procedures*, a party has 14 days from the filed date of this Request to file with the court, and serve on the debtor, debtor's attorney trustee, and U.S. trustee, an objection to this Request.